

Document Technologies, Inc.

District Document Request Form

600 Granby St., 4th Floor
Norfolk, VA 23510-1915
(757) 533-9126
(757) 533-9423 Fax
Hours: 8:30 am - 5:00 pm
Site Manager: Todd Oliff

6500 Cherrywood Lane, 3rd Floor
Greenbelt, Maryland 20770
(301) 982-4216
(301) 982-4271 Fax
Hours: 8:00 am - 4:00 pm
Site Manager: Antonio Robbins

101 W. Lombard St., Suite 8308
Baltimore, Maryland 21201
(410) 837-0409
(410) 837-0357 Fax
Hours: 8:00 am - 4:00 pm
Site Manager: Richard Culver

200 S. Washington St., Suite 101
Alexandria, VA 22314
(703) 706-0494
(703) 706-0485 Fax
Hours: 8:30 am - 5:00 pm
Site Manager: Kenneth Hamilton

Bill To:		Return/Send Documents To:	
Company/Firm:		Same as Bill To: F	
Name/Contact:		Name/Contact:	
Address:		Address:	
City/State:	Zip:	City/State:	Zip:
Phone #:	Fax #:	Phone #:	Fax #:
Client Matter/Billing #:		FedEx #:	UPS #:

Service Type

<input type="checkbox"/> Normal	<input type="checkbox"/> Rush (additional charge)
<input type="checkbox"/> Search (additional charge)**	*Rush work will be completed within a hour of receiving

Requested Documents

Case #: _____ Case Name: _____ Open _____ Closed _____ Close Date _____

Please check the boxes needed:

<input type="checkbox"/> Entire File	<input type="checkbox"/> Complaint
<input type="checkbox"/> Docket ____ Complete or From ____ to ____	<input type="checkbox"/> Jury Instructions
<input type="checkbox"/> Mailing Matrix	<input type="checkbox"/> Summons
<input type="checkbox"/>	<input type="checkbox"/>

*PLEASE INDICATE IF EXHIBITS NEED TO BE COPIED

** A search charge will be included for each document that does not have a docket # included (excluding documents checked above)

Docket #	Date Docketed	Date Filed	Document description * Please be as specific as possible*

Payment Information

Type	Account Name/Credit Card #/Check #	
Pre-Approved Account:		
Credit Card (Visa or MasterCard Only):		Credit Card Billing Zip Code:
COD (No Personal Checks):		